

Purpose: The goal of the Texas Healthy Adolescent Initiative is to reduce high risk attitudes and behaviors through a focus on Positive Youth Development. Through the use of Community Based Participatory Action Research methods (CBPR), the members of one Latino community decided to focus on promoting academic achievement as part of the state initiative. Eighteen youth, fourteen parents, and five other community members subsequently determined the content, developed, and implemented the fourteen sessions of the Familias en Acción Scholarship Program. The program focuses on increasing student academic achievement motivation, increasing parental educational support, and addressing perceived potential barriers to accomplish these goals. The purpose of this study was to examine the effects of participation in the Familias en Acción Scholarship Program on attitudes and behaviors in regard to adolescent violence, substance use, and unsafe driving among students in one predominantly Latino school district.

Methods: In February, 1,678 students were prospectively randomized in equal proportions to participate in the Familias en Acción Scholarship Program or to be part of a no intervention control group. Students and parents participated in the program in April and June. In August, 186 randomly selected students came to a local public library to complete a confidential self-administered questionnaire. Demographic data; attitudes toward violence, substance use, and unsafe driving; and past 30 day violence, substance use, and unsafe driving were self-reported by participants. Student's t-tests were used to compare mean scale scores for the three attitude and three behavior outcomes.

Results: Of the 186 participants of the survey, 54% were in the intervention group, 91% were Latino, 53% were female, 35% were in middle school, 46% in high school and 19% in college. Students who participated in the Scholarship Program had a more negative attitude toward the use of violence ($p=.01$) and substance use ($p=.01$) as compared to students in the control group. Students in both arms had equally negative attitudes toward unsafe driving ($p=.37$). Students in the intervention group trended toward lower levels of high risk behaviors, however statistically significant differences were not detected for violence ($p=.10$), substance use ($p=.10$), or unsafe driving ($p=.48$).

Conclusions: The findings suggest that CBPR can be used effectively with Latino communities to reduce adolescent high risk attitudes and possibly ultimately behaviors. In this study, participating in a program promoting academic achievement was shown to be associated with a more negative attitude toward the use of violence and substance use. Community members subsequently revised the Familias en Acción Scholarship Program based on formative evaluation from the first year. Outcome evaluation data from the second year of the program has been recently collected.

Sources of Support: The Texas Department of State Health Services.

52.

RELATIONSHIP BETWEEN CYBERBULLYING EXPERIENCES AND DEPRESSIVE SYMPTOMS IN FEMALE COLLEGE STUDENTS

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Purpose: Cyberbullying is increasing in prevalence and is a known risk factor for depression during adolescence. Little research has

investigated whether the association between cyberbullying and depression is also present during young adulthood, a time of increasing emotional maturity and independence which may lead to greater resilience regarding aggressive online behavior. Due to these developmental differences, we hypothesized that cyberbullying would not be associated with depression in this population. The purpose of this study was to investigate the relationship between cyberbullying and depression among college students, with a specific focus on college females due to the higher prevalence of cyberbullying among adolescent females.

Methods: In this cross-sectional survey, female college students aged 18-25 years were recruited from four universities. Participants completed online surveys assessing history of victimization from and participation in various types of cyberbullying including hacking, text messaging, sexting, and hate speech; in addition, participants completed the Patient Health Questionnaire-9 (PHQ-9) to assess for current depressive symptoms. Logistic regression and t-tests were used to test the association between involvement in cyberbullying and PHQ-9 score.

Results: A total of 265 female participants completed the online survey. Participants were 84.9% Caucasian, 96.6% heterosexual, and had a mean age of 20.2 years ($SD=1.7$ years). Overall, 27% of participants reported experiences with cyberbullying in college, with 3.0% being cyberbullies, 17.0% being cybervictims, and 7.2% being both cyberbullies and cybervictims, and 17.4% of all participants met criteria for depression on the PHQ-9. The most commonly reported bullying behaviors were: hacking into an online account (13.6%), sending or receiving of unwanted sexual advances through Internet or text message (13.6%), sending or receiving of embarrassing or threatening text messages (10.6%), and posting degrading comments or hate speech (7.2%). After adjusting for race and sexual orientation, participants with any involvement in cyberbullying were more likely to meet criteria for depression ($OR=2.9$, 95% CI: 1.5–5.8). Involvement with cyberbullying was also associated with higher mean PHQ-9 score (6.8 vs. 4.8, $p=0.002$).

Conclusions: We found that college females who experienced cyberbullying were more likely to be depressed in young adulthood. Due to the cross-sectional study design, it is unclear whether responses represent a delayed effect of past cyberbullying or sequelae of current cyberbullying. Further research should examine the longitudinal effects of cyberbullying in order to determine the need for cyberbullying prevention efforts in young adults and inform the development of interventions to decrease the risk for depression among young adults who are involved with cyberbullying.

Sources of Support: University of Wisconsin Department of Pediatrics.

53.

PERSONALITY ASSESSMENT IN DETAINED ADOLESCENT MALES AS PREDICTORS OF AGGRESSIVE AND ANTISOCIAL BEHAVIORS

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Purpose: Adolescent males are more likely to commit crimes and be the victims of crimes. Additionally, antisocial youth show higher rates of aggression, and are at higher risk for multiple issues, such as school dropout, mental illness, and substance abuse. Unfortunately due to similar externalizing behaviors, antisocial youth are viewed as a homogenous group, and umbrella treatments are potentially unsuccessful. Therefore, research has endeavored to

delineate subgroups of antisocial youth to aid in treatment efforts. This study tested three different models of personality to identify individual differences in aggressive and antisocial youth, namely the social and personality, pathological personality, and psychological dysregulation models.

Methods: A total of 121 boys (ages 12 to 18; M age = 15.31; SD = 1.16) recruited across 3 detention centers in the state of Louisiana completed a questionnaire that asked about their personality, aggressive behaviors, and delinquent activities. Chart review data was collected for age, ethnicity, and arrest history. Hierarchical regression analyses were conducted to test for unique variance for each of the personality approaches.

Results: The three personality models demonstrated unique associations with aggression and delinquency. Psychological dysregulation, composed of behavioral dysregulation, emotional dysregulation, and cognitive dysregulation, was the best overall predictor of overt aggression (R^2 = .17, p < .001), relational aggression (R^2 = .10, p < .05), and delinquency (R^2 = .15, p < .001). After controlling for the Big Five personality traits, psychological dysregulation accounted for significant variance in overt aggression (ΔR^2 = .13, p < .001) and delinquency (ΔR^2 = .11, p < .05). After controlling for callous-unemotional traits and narcissistic traits, psychological dysregulation accounted for significant variance in overt aggression (ΔR^2 s = .12 and .14, ps < .001), relational aggression (ΔR^2 s = .07 and .09, ps < .05), and delinquency (ΔR^2 s = .15 and .15, ps < .001). The pathological personality traits, comprised of callous-unemotional traits, narcissistic traits, and borderline traits performed second best. Specifically, borderline traits accounted for significant variance in overt aggression (ΔR^2 = .11, p < .001), relational aggression (ΔR^2 = .03, p < .05), and delinquency (ΔR^2 = .05, p < .01) after controlling for the Big Five traits. Narcissistic traits accounted for significant variance in overt aggression (ΔR^2 = .04, p < .05) and relational aggression (ΔR^2 = .03, p < .05) after controlling for the Big Five personality traits. CU traits accounted for significant variance in overt aggression (ΔR^2 = .04, p < .05) after controlling for the Big Five personality traits. The social and personality model, represented by the Big Five personality traits only accounted for significant variance in relational aggression (ΔR^2 = .09, p < .05) after controlling for narcissistic traits.

Conclusions: Regardless of specific personality traits or types, results highlight the importance of assessing the behavioral, emotional, and cognitive regulatory abilities of detained youth when attempting to understand the underlying factors of aggressive and antisocial behavior. The information may aid in elucidating different pathways to aggressive and antisocial behaviors, and help in the formulation individualized treatment plans.

Sources of Support: Psi Chi Faculty Advisor Research Grant.

SESSION IV: VACCINES

54.

PRE-EXISTING CHRONIC HEALTH CONDITIONS AND HEALTH INSURANCE STATUS AS DETERMINANTS OF VACCINE RECEIPT AMONG ADOLESCENTS IN RICHMOND COUNTY, GEORGIA

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Purpose: The Advisory Committee on Immunization Practices (ACIP) recommends four vaccines for adolescents on the routine immunization schedule: Tdap, HPV, MCV4, and a yearly seasonal influenza vaccine. While effective strategies for improving vaccination rates among adolescents may be needed, certain vulnerable populations such as those with chronic health conditions or no health insurance need specific approaches due to higher susceptibility or lower perceived access to vaccines. We examined the impact of a multi-faceted intervention designed to promote vaccine acceptance among middle and high-school adolescents in eastern Georgia.

Methods: We conducted a cluster-randomized controlled trial among adolescents in Richmond County, Georgia. Eleven schools were recruited and randomized for their students to receive either: Arm 1) no Intervention; Arm 2) informational materials sent to parents; Arm 3) Arm 2 materials plus an in-class curriculum for students. Parents in all arms were surveyed by telephone or website each year to assess attitudes and beliefs about the four recommended adolescent vaccines, self-report of vaccine receipt of their adolescent(s) or teen(s), chronic health conditions and insurance status. The surveys were administered at baseline and during the two subsequent intervention years. Chi-square tests were performed using SAS for this preliminary analysis to assess differences between groups (significance at $p < 0.05$).

Results: We identified 686 parents in total from the three intervention arms (Arm 1 $n=210$, Arm 2 $n=251$, Arm 3 $n=225$). Overall, 91% reported that their teen had received at least one of the four adolescent vaccines. For chronic health problems, 71% reported that their teen had no health problems, while 23% reported asthma, <1% reported sickle cell anemia or diabetes, and 4% reported other health problems (eczema, allergies, etc). For insurance, 60% used Medicaid, 34% used private insurance and 6% had no insurance. Among families with no insurance, 71% of teens had received at least one adolescent vaccine whereas families using Medicaid or private insurance reported higher vaccination rates, 93% and 91% respectively ($p < 0.0001$). For teens with at least one chronic health condition, 98% had received one or more adolescent vaccine versus 89% of teens with no chronic health conditions ($p < 0.0001$). Both the overall insurance and chronic health condition associations persisted regardless of intervention arm and were statistically significant in Arms 2 and 3.

Conclusions: The lower vaccination rates among teens with no insurance reveals an additional area for intervention. The Vaccines for Children program offers ACIP recommended vaccines free of cost to any child under the age of 18 who is eligible (e.g. has no health insurance). While this information was included in our parent brochure, this finding highlights a communication priority. The higher reported vaccination rates among teens with a chronic health condition is reassuring, and possibly indicates a higher perceived susceptibility among these children, a higher perceived sense of efficacy provided by vaccines, or simply more interaction with and emphasis by providers among this population.

Sources of Support: This project is funded by the Centers for Disease Control and Prevention grant U01P000413.